

PROB 12A
(12/98)

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United States District Court

for

Southern District of Ohio

Report on Offender Under Supervision

FILED
JAMES BONINI
CLERK

07 JAN 25 PM 2: 24
U.S. DISTRICT COURT
SOUTHERN DIST OHIO
WEST DIV CINCINNATI

Name of Offender: **Julian M Payne**

Case Number: **1:01CR00079**

Name of Sentencing Judicial Officer: **The Honorable Sandra S. Beckwith
Chief United States District Judge**

Date of Original Sentence: **March 11, 2002**

Original Offense: **Theft of Bank Funds**

Original Sentence: **36 month(s) probation. On March 10, 2005, supervision was extended by 2 years,
for a total term of 5 years.**

Type of Supervision: **Probation**

Date Supervision Commenced: **March 11, 2002**

NON-COMPLIANCE SUMMARY

The offender has not complied with the following condition(s) of supervision:

<u>Violation Number</u>	<u>Nature of Noncompliance</u>
#1	Failure to pay restitution; The defendant was ordered to pay \$10,150.00 restitution. To date, the defendant has paid \$1,655.00 toward restitution.

U.S. Probation Officer Action:

The defendant works part time and earns approximately \$400.00 per month. He is a full time student and resides with his parents. Therefore, in light of the above, it is respectfully recommended that the defendant's supervision be allowed to expire as scheduled on 3-10-07. The government and the

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victim have been notified and the defendant has executed a Consent Agreement, which is attached.

Respectfully submitted,

Approved,

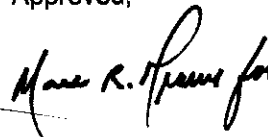
by



Lorraine Cooper
U. S. Probation Officer

Date: **January 18, 2007**

by



John Cole
Supervising U. S. Probation Officer

Date: **January 18, 2007**

-
- ☒ I concur with the recommendation of the Probation Officer
☐ Submit a Request for Modifying the Condition or Term of Supervision
☐ Submit a Request for Warrant or Summons


Signature of Judicial Officer

1/25/07
Date



U.S. Department of Justice
Financial Statement of Debtor
 (Submitted for Government Action on
 Claims Due the United States)

NOTE: Use additional sheets where space on this form is insufficient or continue on back of last page.

FINANCIAL STATEMENT OF DEBTOR

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, et seq.; 31 U.S.C. 951, et seq.; 44 CFR 3101; 4 CFR 101, et seq.; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 et seq.

The principal purpose for gathering this information is to evaluate your ability to pay the Government claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice/CIV-001 at page 53321; Justice/TAX-001 at page 15347; Justice/USA-00 at pages 53408-53410, Justice/CRIM-016 at page 12774. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1
 Personal
 Information

1. Full Name(s) Julian M. Payne

1a. Home Telephone: [REDACTED]

1b. Cellular Number: [REDACTED]

Street Address: 513 Botton Str

2. Marital Status:

City Cincinnati State OH Zip 45214

☐ Married ☐ Separated

County of Residence: Hamilton

☒ Not Married (single, divorced, widowed)

How long at this address? 9 months

2a. Spouse's Name _____

3. Your Social Security Number [REDACTED]

2b. Spouse's Date of Birth _____

4. Your Date of Birth 12.3.79

5. ☐ Own Home ☐ Rent ☒ Other (specify, i.e. share rent, live with relative) live with parent

6. List the dependants you can claim on your tax return

First Name	Relationship	Age	Does this person live with you?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2
 Employment
 Information

7. Your employer Panera Bread

8. Spouse's employer _____

Street Address _____

Street Address _____

City Cincinnati State OH Zip 452

City _____ State _____ Zip _____

Work telephone No. (513) 871-1772

Work telephone No. () _____

7a. How long with this employer? 3 months

8a. How long with this employer? _____

7b. Occupation (title) Crew Member

8b. Occupation (title) _____

★★★★★ ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (i.e. pay stubs, earning statements).

Section 3
 Your
 Business
 Information

9. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)

☐ Yes ☒ No If yes, provide the following information:

9a. Name of Business _____ 9c. Employer Identification No. _____

9b. Street Address _____

City _____ State _____ Zip _____ Telephone () _____

★★★★★ ATTACHMENTS REQUIRED: Please provide proof of self-employment income for the prior 3 months (i.e. invoices, commissions, sales records, income statement)

Name Julian M PayneSSN [REDACTED]

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Section 4
Other
Income
Information

10. Do you receive income from sources other than your employer and/or own business (Check all that apply)

☐ Pension ☐ Social Security ☐ Other (specify, i.e. child support, alimony, rental property)

★★★★★ ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions.

Section 5Banking,
Investment,
Cash, Credit
and Life Ins.
Information

11. CHECKING ACCOUNTS. List all checking accounts

Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a. Checking	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____
11b. Checking	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____

12. OTHER ACCOUNTS. List all other accounts including savings, brokerage and money market, not listed in 11.

Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
12a. Savings	Name <u>Bank of America</u> Address _____ City _____ State _____ Zip _____	<u>Greater Cinti Credit Union</u>	\$ <u>5.00</u>
12b. _____	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____

★★★★★ ATTACHMENTS REQUIRED. Please include your current bank/financial statements for the past 3 months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

Name of Company	Number of Shares	Current Value
13a. <u>NONE</u>	_____	\$ _____
13b. _____	_____	\$ _____
13c. _____	_____	\$ _____

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ 5.00

15. CREDIT DEBT. List all lines of credit, including credit cards and signature loans.

(Attach a separate sheet if you need more space.)

Full name of Credit Institution	Credit Limit	Current Balance	Minimum Monthly Payment
15a. Name _____ Address _____ City _____ State _____ Zip _____	\$ _____	\$ _____	\$ _____

Name _____ SSN _____ Page 3

Section 5
(continued)

15b. Full name of Credit Institution Credit Limit Current Balance Minimum Monthly Payment
 Name _____ \$ _____ \$ _____ \$ _____
 Address _____
 City _____ State _____ Zip _____

15c. Full name of Credit Institution Credit Limit Current Balance Minimum Monthly Payment
 Name _____ \$ _____ \$ _____ \$ _____
 Address _____
 City _____ State _____ Zip _____

16. LIFE INSURANCE.Do you have life insurance with a cash value? ☐ Yes ☒ No (Term Life Insurance does not have a cash value)

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value \$ _____

16e. Outstanding Loan Balance (if applicable) \$ _____

Section 6
Other**17. OTHER INFORMATION.** Respond to the following questions related to your financial condition:
(Attach a separate sheet if you need more space.)17a. Do you have a safe deposit box? ☐ Yes ☒ No

If yes, please include the name and address of location of box, the box number and the contents below:

17b. Do you have a will? ☐ Yes ☒ No; if yes, where is it kept? _____17c. Are there any garnishments against your wages? ☐ Yes ☒ No If yes, who is the creditor? _____

Date of Judgment _____ Amount of Debt \$ _____

17d. Are there any judgments against you? ☐ Yes ☒ No If yes, who is the creditor/plaintiff? _____

Date of Judgment _____ Amount of Debt \$ _____

17e. Are you a party to a lawsuit? ☐ Yes ☒ No If yes, amount of suit \$ _____

Possible completion date _____ Court _____

Subject of suit _____

17f. Have you ever filed bankruptcy? ☐ Yes ☒ No

If yes, date filed _____ Date discharged _____

17g. In the past 10 years have you transferred any assets out of your name for less than their actual value?

☐ Yes ☒ No If yes, what asset(s)? _____ Value of asset at time of transfer \$ _____

When was it transferred? _____ To whom was it transferred? _____

17h. Do you anticipate any increase in household income in the next 2 years? ☐ Yes ☒ No

If yes, why will the income increase? _____ How much will it increase? _____

17i. Are you a beneficiary of a trust or an estate? ☐ Yes ☒ No If yes, name of trust/estate? _____

If yes, anticipated amount to be received? \$ _____ When will amount be received? _____

17j. Are you a participant in a profit sharing plan? ☐ Yes ☒ No

If yes, name of plan? _____ Value of plan \$ _____

Name _____

SSN _____

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Section 7
Monthly
Income and
Expense**TOTAL INCOME****NOTE:**

Even if only one spouse has a debt, but both have income, list the total household income and expenses.

Source	Monthly
22a. Gross Wages (you)	\$ <u>750.00</u>
22b. Gross Wages (spouse)	\$ <u>0</u>
22c. Interest/Dividends	\$ <u>0</u>
22d. Net Business Income	\$ <u>0</u>
22e. Net Rental Income	\$ <u>0</u>
22f. Pension/Social Security (you)	\$ <u>0</u>
22g. Pension/Social Security (spouse)	\$ <u>0</u>
22h. Child Support	\$ <u>0</u>
22i. Alimony	\$ <u>0</u>
22j. Other	\$ <u>0</u>

DEDUCTIONS FROM WAGES

(including spouses)	Monthly
24a. Taxes (Federal, State, FICA, etc.)	\$ <u>150</u>
24b. Insurance	\$ <u>0</u>
24c. Union Dues	\$ <u>0</u>
24d. Other (specify)	\$ _____
	\$ _____
	\$ _____

TOTAL LIVING EXPENSES

Expense Items (We generally do not allow you to claim tuition for private schools, college expenses, charitable donations, or voluntary retirement contributions.)

Items	Actual Monthly
23a. Rent/Mortgage	\$ <u>0</u>
23b. Electric	\$ <u>0</u>
23c. Natural Gas	\$ <u>0</u>
23d. Cable TV	\$ <u>0</u>
23e. Telephone	\$ <u>0</u>
23f. Water	\$ <u>0</u>
23g. Food	\$ <u>50</u>
23h. Car Payment	\$ <u>0</u>
23i. Gasoline	\$ <u>0</u>
23j. Car Insurance	\$ <u>0</u>
23k. Cell Phone/Pager	\$ <u>50</u>
23l. Clothing & Misc.	\$ <u>50</u>
23m. Court Ordered Payments	\$ <u>250</u>
23n. Child Support	\$ <u>0</u>
23o. Child/Dependant Care	\$ <u>0</u>
23p. Life Insurance	\$ <u>0</u>
23q. Other expenses (specify)	\$ _____
	\$ _____
	\$ _____
	\$ _____

★★★★★ ATTACHMENTS REQUIRED. Please include:

- A copy of your last Form 1040 with all schedules
- Proof of all current expenses that you paid for last 3 months, including utilities, rent, insurance, property taxes, etc.
- Copies of any court order requiring payment and proof of such payments for the last 3 months.
- Copies of any paperwork to support claims on lines 22j, 23q or 24d.

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct and complete, and I further declare that I have no assets, owned either directly or indirectly or income of any nature other than as shown in this statement, including any attachment.

Signature _____

Social Security No. _____

Date 12-11-06**WARNING**

False statements are punishable up to five years imprisonment, a fine of \$250,000 or both pursuant to 18 U.S.C. §1001.

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
Western DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

: CASE NO: 1:01CR00079
: JUDGE Sandra S Beckwith

Julian M Payne,

Defendant.

NOTICE OF CONSENT AGREEMENT

On March 11, 2002, the Court entered a Judgment against Defendant, Julian Payne,
imposing special assessments, fines and/or restitution in the amount of \$10,150.00.

As of December 12, 2006, there remains a balance due of \$ 8,495.00, inclusive of interest,
if applicable.

The United States of America and Julian Payne, hereby stipulate and agree to enter into
a payment schedule to satisfy the balance of \$ 8,495.00, plus statutory interest of ____
pursuant to 18 U.S.C. §3612(f) pursuant to the following terms:

1. The Defendant, Julian Payne, shall pay the sum of no less than \$ 100.00 per
month, on or before the first day of each month, beginning the first day of the month following
expiration of supervision and continuing each and every month thereafter until the entire obligation
is paid in full, including any accrued interest.

2. The Defendant, Julian Payne, shall send the monthly payments by cashier's check or money order, made payable to the *Clerk, United States District Court*, and mailed to:

Clerk's Office
U.S. District Court
Joseph Kinneary Building
85 Marconi Blvd., Room 260
Columbus, Ohio 43215

NOTE: The case number and defendant's name must be printed on the check.

3. The Defendant, Julian Payne, agrees and understands that he must submit an updated Financial Statement to the United States for annual review upon demand. Upon review of the Financial Statement, the monthly amount may be increased or decreased accordingly or a lump sum payment may be demanded if it is determined that the defendant has the assets to pay all or a substantial portion of the monetary obligation.

4. The Defendant, Julian Payne, understands that besides the regular monthly payment, the United States may submit the debt to the Department of Treasury for inclusion in the Treasury Offset Program. Under this program, any federal payments Defendant would normally receive may be offset and applied to this debt.

5. The Defendant, Julian Payne, agrees and understands that if any payment is not timely made on or before the date when due, or if Defendant fails to submit financial documentation or agree to an increase in monthly payments as described in paragraph 3 above, then the entire unpaid balance then remaining shall become immediately due and payable without demand or notice of any kind, and the United States of America may take action as it has a legal right to do to collect all of the money due it by execution, levy, garnishment, offset or otherwise.

6. The Defendant, Julian Payne, shall be obligated to notify the United States Attorney's Office, Southern District of Ohio, in writing of any material change in his financial situation or ability to pay, and of any change in his employment or place of residence. Unless otherwise notified by the United States, all such information shall be sent to the Financial Litigation Unit, United States Attorney's Office, 303 Marconi Boulevard, Suite 200, Columbus, Ohio 43215-2401.

7. The Defendant, Julian Payne understands that the United States has filed or will file a lien against all real and personal property in which Plaintiff has (or will have) a substantial interest and that the filing of such lien (or assertion of such lien in the event any such property is sold, transferred, refinanced or used as collateral) shall not constitute a violation of the terms of this agreement.

8. The parties agree that upon the complete satisfaction of the judgment entered herein, the United States will file a satisfaction of judgment upon the records of this Court and upon the records of any other Court in which it may be recorded and will remove the lien of said judgment wherever recorded.

The parties consent to the terms of the above-specified agreement.

Julian M Payne

Defendant:

Address.... 513 Botton Str Cinti, Ohio 45214

12-11-06
Date

[Signature]

Probation officer, USPO

12-12-06
Date

GREGORY G. LOCKHART
UNITED STATES ATTORNEY

Deborah F. Sanders
Assistant United States Attorney

Date